

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

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Oral Surgery Steps Into the Spotlight

Dr. Reed O. Dingman Starred In New Role

Dr. Reed O. Dingman, well known oral surgeon, will be the essayist at the April monthly meeting of the Chicago Dental Society. Dr. Dingman has appeared in the role of essayist and clinician at the Midwinter Meetings but this will be his first monthly meeting assignment. The meeting will be held, as usual, in the North Ballroom of the Stevens Hotel, Tuesday evening, April 19, at 8:00 p.m.

Inasmuch as this is the date of the annual election of officers a capacity crowd is assured. It behooves anyone who is interested in the strictly scientific aspect of the evening's program to get there early if he expects to be seated advantageously. The election itself will be conducted in the North Assembly Room just off the Ballroom and the Election Committee will have everything in readiness in case that more than one slate of candidates is submitted.

THE ESSAYIST

Dr. Dingman is associate professor of oral surgery at the University of Michigan School of Dentistry and holds both a D.D.S. and an M.D. degree. He is oral surgeon at the University Hospital in Ann Arbor and is a member of the American Society of Oral Surgeons. He is the new editor of the *Journal of Oral Sur-*

gery, a quarterly magazine published by the American Dental Association. Dr. Dingman, in addition to his Midwinter Meeting appearances, has given clinics at most of the big dental meetings from coast to coast and has contributed liberally to the literature.

ORAL SURGERY PROCEDURES

"Practical Oral Surgery for the General Practitioner" is one of Dr. Dingman's favorite subjects. He knows their problems from A to Z and, therefore, will confine his presentation to minor oral surgery and not clutter up the scene with gross pathological lesions that are not within the scope of the dentist in general practice. His is the practical, everyday approach. Such things as new developments in local anesthesia, showing the easiest methods of achieving satisfactory results, will be discussed. Management of infections of the teeth, jaws and adjacent soft tissues will receive careful consideration. Removal of impacted teeth, root fragments and teeth ordinarily difficult to extract, flap operations, root resections, preparation of the mouth for dentures, alveolectomy, suturing of the soft tissues, preoperative and post-operative care of the patient and the local use of sulfonamides are some of the points that will be discussed and illustrated on the screen.

What Now?

By Frederick T. Barich



I was born in San Francisco in 1900; the last year, month, week, and day of the old century. That is a distinction shared by few and maybe that is why my experiences have been so varied and exceedingly interesting. My forebears came from the Rocky Mountain area of western Montana; so the substance of which I am constituted has stood me in good stead over the years, lean and fat alike.

My early years were quite eventful. I started to roam almost immediately, and by so doing I have somehow managed to attain that high polish, so often spoken about, and conversely have gathered little moss during all those years. As a matter of fact, I have gathered no moss at all—I have lost a little; but it was fun, and incidentally it still is fun. Life should be fun, and often in retrospection, I have felt sorry for my poor unfortunate confreres who were, and some still are, holed up for the sole purpose of gathering moss. It is akin to slavery

and I abhor bondage in any form!

My first trip came when a portly gent, well-groomed with handle-bar mustachio and everything, took me to a brand new mansion on Nob Hill. The place was elegant with deep rugs, satin draperies, Frenchy furniture and all the trappings which denote affluence in all of its finer and baser aspects. That same night I went to a honky-tonk on the Barbary Coast and made the rounds. I had never experienced so much violent activity in my whole life. At the end of the night, I found myself on a pool table where some sodden ruffian had violently tossed me. A young man with prison pallor and a green eye-shade picked me up, caressed me a little while casting furtive side glances, and took me to his room. Another guy, nervous and shaky of hand and limb, came in after three dot knocks on the door. After an exchange of a small cylindrical bottle with white powder in it and some lengthy whisperings, I left the place with the new bloke. We coursed through alleys and side streets until an underground passage was reached; here, the guy looked right and left before we ducked in. A long, dark, tortuous tunnel led to a heavily barred door which was opened after recognition was made via a hidden peephole. A gaunt Oriental with beady eyes and flowing Mandarin robes squinted at us over small gold-rimmed spectacles. Nothing was said and my escort left with a small package clutched tightly to his hollow chest. Glee was written across his face as he bowed out into the darkness. I was taken through a maze of passages and tunnels to a dungeon-like room and left there for what appeared to be months. At least twice each day my new abode was disturbed by the opening and closing of the mammoth door which creaked violently under its own weight.

One night I was put into a box which was placed on a dray wagon. The ride over the cobblestones was about the roughest I had ever had; but at long last this ended. In absolute silence the box was removed, and soon I could feel myself swinging through space. The descent was rapid and the box hit bottom with a terrific thud. Again silence as the box was stowed away. Whistle blasts in varying tones and pitches plus the gentle swaying which I felt, led me to the conclusion that I was on the water and on the way to some distant port.

After many weeks on the water our ship finally made port—where, I did not know and cared less. The box in which I was riding was taken from the hold and by a reverse process formerly described it was taken somewhere and deposited by men who possessed a sing-songy speech like the guy in the Mandarin robes.

(See note, page 24. To be continued in May 1 issue.)

NEWS AND ANNOUNCEMENTS

NOMINATIONS FOR ELECTIVE OFFICES OF CHICAGO DENTAL SOCIETY

As required under Article IX, Section 2, of the Constitution and By-Laws, all nominating petitions must be filed in the office of the Society not later than 30 days prior to the annual election, which is held the third Tuesday of April each year. Division b of Section 2 requires that the candidates' names shall be alphabetically arranged under the offices for which they have been severally nominated and published in the official magazine of this Society at least once before the date of the election.

Petitions nominating the following candidates for the elective offices of the Society were filed as required by the Constitution and By-Laws: For President-Elect, Arno L. Brett, LeRoy E. Kurth; for Vice-President, Paul A. Edmand, Samuel R. Kleiman; for Secretary, Edwin W. Baumann, Paul H. Wells; for Treasurer, Elmer Ebert, Kenneth W. Penhale.

The 1949 election will be held in the North Assembly Room of the Stevens Hotel. Further details of the election and voting hours will be determined by the Committee on Elections and published in the April 15 issue of this journal.

JOE BICUSPID APOLOGIZES

With a great deal of ado, one of the avid readers of "What Now?" (if there is such a person) caught an error in the last article, and voiced his disapproval to none other than Boswell Keith, our astute editor.

Errors of this sort come about in several ways: first, in the initial draft; second, by the stenographer; third, overlooked by editor or assistant in the publication office and fourth, by typographical carelessness.

My research on this particular error

points to everyone concerned because they, I am sure, know better. However, the party of the first part takes all of the blame. We enjoy criticism of any sort so keep it coming even though it is, as Shelley once said, "Much ado about nothing."

With that I shall bid you all a fond adieu!—J.B.

66TH ANNUAL HOMECOMING AND CLINICS, LOYOLA UNIVERSITY SCHOOL OF DENTISTRY, CHICAGO COLLEGE OF DENTAL SURGERY

On Monday and Tuesday, April 25 and 26, 1949, the 66th Annual Homecoming and Clinics will be held in the college building at Harrison and Wood Streets. Dr. Cedric K. Dittmer is president of the Alumni Association this year and Dr. Wallace N. Kirby is chairman of the Program Committee.

The program will open with a discussion of compulsory health insurance. Dr. Allen O. Gruebbel, secretary of the Council on Dental Health of the American Dental Association, will present the attitude of the profession toward this problem while Dr. Joseph Lohman of the University of Chicago will discuss it from the viewpoint of the sociologist. Dr. George W. Teuscher of Northwestern University Dental School will speak on caries control; Dr. Kenneth A. Big-nell will describe the use of hydrocolloid impression materials in making inlays by the indirect method; and Dr. Orion H. Stuteville will explain the treatment of today in the handling of alveolar abscesses.

A program of visual education by means of motion pictures has also been arranged for two half days of the meeting. In addition there will be a half day of table clinics on a wide variety of dental and allied subjects. There will also

(Continued on page 25)

LETTERS

[EDITOR'S NOTE: *We can think of no dentist in the country who is better qualified to answer Dr. Tatelman's article than Dr. Gillis. He has been in great demand as essayist and clinician, and in that capacity has an extremely large acquaintanceship throughout the United States.*]

March 14, 1949.

Dear Doctor Keith:

Your editorial on page 12 of the March 1 issue of the Fortnightly Review invites comments from readers on the article by Dr. Tatelman.

The article by Dr. Tatelman itself cries for an answer.

I shall base my remarks upon about 30 years experience in examining the graduates of dental schools and DENTISTS WHO SEEK A CHANGE OF STATE.

Reciprocity between states is nothing new as a subject of discussion. It has been discussed and debated ever since grandfather's time; 'long about 1910, the National Association of Dental Examiners evolved the Asheville Resolution under which reciprocal agreements were arrived at between many of the states; dentists who had been 5 years in practice and presented acceptable evidence of character were required to take only the practical examination in the new state. This arrangement fell into low repute and was revoked by most of the states as, one by one, they came to realize the caliber of the candidates who sought its benefits. It must be understood by the profession in general that all licensed dentists are NOT equally (or adequately) capable professionally, technically or morally. There is a variation of 25% (from 100% to 75%) right in the start at graduation time; then some of those in the lower brackets, who have "just squeaked by," lose still more momentum,

it would seem, and soon are farther down the scale of capability. These incompetents then do one of three things: (1) seek greener pastures; (2) get out of dentistry; or (3) try to get into a larger center of population. They would soon starve in any small community.

Dr. Tatelman's next statement is so far from the truth that I wonder why he should deign to make it, "75% of all dentists who tried for state licenses were 'flunked'." Such a misstatement throws doubt upon the validity of his further data. The truth is that in 1944, 2,620 dentists took state board examinations; only 189 failed to pass—7%. Twenty years ago it was common to have 20% of failures among all boards, and all graduates from all dental schools. Today we have a class of students of higher intelligence and better preparation in dental college and the end results of state board examinations show the improvement.

Dr. Tatelman probably has not been informed that passing the examinations of the National Board leads only to a Certificate of Qualification and NOT A LICENSE; these examinations cover only the theory of dental science and practice, the written examinations that seem such a high hurdle to those who are not willing to "sacrifice," to review and refresh what they learned in lectures during college years. The PRACTICAL examinations in all cases are left to the individual state boards; that was true under the old reciprocal agreements. But no experienced dentist (5 years or more) should be afraid to show his ability alongside of recent graduates; the older practitioner should be able to run circles 'round the young bud.

That next story—zounds!! The injured veteran dentist was so badly injured that he had to give up dental practice and then sought to buy (implication) a license in some other state.

Frankly, I cannot believe that Dr. Tatelman has all the facts. Nor do I believe that any state board dentist ever set an asking-price of \$4,000.

"Most people in and out of the profession"—I wonder if Dr. Tatelman has stopped to realize that all of these dental laws have been passed by people out of the profession? Every dental law has been enacted to protect the people of the state from incompetence and chicanery in dental practice; no dental law is for the protection of the profession or of any individual dentist. Every dental law may rightly be considered a "Chinese Wall," a protective measure, standing between our citizens at large and ignorant pretenders and charlatans in dental practice. These dental laws are not "iron curtains" because iron curtains operate in both directions. I have been intrigued by Dr. Tatelman's adoption of the Red's argumentative technic; how the Reds do howl when Stalin technic operates outside of the iron curtain and what a lot of questions they can ask to which they have no answers. How simple it is to talk about rights, privileges, suffering, sacrifices, and license as if the whole category were one package. All of us dentists made similar sacrifices and did a bit of pleasant voluntary suffering to gain our dental diploma; but that diploma conferred no rights or privileges or license to do anything in dentistry. Our diploma merely admitted us to the lawful state board examination where competency gains the license to practice; and that license confers only a privilege as distinguished from an inalienable right.

So Dr. Tatelman feels that he is a "state chattel"!! Poppycock! He is still young in the profession and will eventually become proud of the company of chattels he is in, along with all the other licensed servants of the people—medics, lawyers, engineers, etc. Apparently he is not acquainted with the police-powers of the states under which the peoples have passed laws to control dentistry and medicine and law and all the other professions whose practices affect the health and welfare of the public. He talks about

huge expenditures; mental and physical suffering; ambition; initiative; perseverance; etc., as being trammelled by these laws; he is not alone among dentists, nor are dentists alone among the professions, in having to submit to the same type of rules and regulations for practice.

The clamor for universal reciprocity in licensing arises from a very small but noisy minority. Among dentists who have been in practice for five years, less than 5% seek a change of states. I would suggest that all graduates of the last ten years look over their old class roster to learn what has happened among their classmates; they will find that 5 years after graduation, probably 5% are now out of practice or never did open an office; they were the square pegs in round holes and did not fit; in fact, they should not have wasted time in studying dentistry. Another 8% at the bottom of the profession, as measured by capability, should have quit. Excepting occasional health considerations, this 8% of "bottom men on the totem pole" constitute those who are seeking greener pastures in other states. The reason is very evident.

Universal reciprocity would make a bunch of professional tramps out of this bottom category; the dear public, wherever they might light temporarily, would be the ultimate losers and victims. Universal reciprocity could not alleviate the 'shortage of dentists' in any locality because there are not enough dentists today in all the United States to meet the total demand for dental service. Until very recently, more dentists died and retired annually than graduated from all schools. The old law of supply and demand still operates in spite of New Deal concepts, Bevin's socialism, or Stalin's methods.

The National Board of Dental Examiners was organized and is operated by the American Dental Association in collaboration with the American Association of Dental Examiners and the American Association of Dental Schools. It issues a Certificate of Qualification to its successful candidates which is recog-

(Continued on page 25)

The "Third Vest Button" in Practice Management*

By Albert W. Hiller, D.D.S., Fort Worth, Texas

Vest buttons are small, circular bone disks about seven-sixteenths of an inch in diameter and about one-sixteenth of an inch thick. Most of them have a raised rim around their periphery and four holes in their center. Except for color, they all look about alike. The average vest carries about six of them. We think of them all as having the common job of keeping our vests buttoned—but one of them, the third from the top, has a much higher function. Have you discovered the importance of your third vest button? It is twofold. First, it rides the center of and presides over the seat of your courage, and second, it is an important personality factor. Because of these facts its influence permeates all of Practice Management. We shall learn how it controls your courage and influences your personality later. For the present, let us consider a phase of Practice Management and discover the role your third vest button plays in it.

Take the subject of salesmanship. There is ample evidence all about us that we, as dentists, have given little thought and study to this important economic factor and its relation to the practice of dentistry.

Statistics show that only about fifteen per cent of a man's practice stays with him longer than two years. This fact shows that not only have we failed to sell our services but we have also failed to sell ourselves.

Each day in our practices we see the mouths of the comparatively young with teeth missing—an indictment, if you please, of both our examinations and our salesmanship.

Again, we have coming to us older mouths with one or both sides of the arches collapsed because some dentist failed to sell restorations after surgery.

Our department of health tells us that

for a recent year 13,200,000 people merely had teeth extracted. Think of the improved mouth condition and therefore the improved general health of these people if salesmanship had been used to sell restorations. And what an avalanche of business would have resulted. Good, sound ethical business.

These facts should be sufficient to prove to any one that good salesmanship is a requisite to sound practice management and good dentistry.

Many dentists shy off at the mere mention of the words, "salesmanship" or "selling." They think of or associate all of it with high pressure tactics. While it is true that there are instances of high pressure selling, it is also true that the same salesman will not high pressure the same buyer the second time. High pressure selling is strictly a one shot method predicated upon the old saw that "there is one born every minute."

Legitimate selling consists of using your utmost persuasive power to influence the patient to buy, but only if you are convinced beyond a reasonable doubt that the product or service you offer will be of a greater value to the buyer than the money he exchanges for it.

The real salesman is concerned with building a following of profitable accounts that will result in repeat business. This can be accomplished only by following the rule of legitimate selling just mentioned. If we follow it in our practices, we shall soon increase the percentage of patients who stay with us year after year.

Every good business man is vitally interested in more profit, lower costs and increased production. He will welcome with an open mind any one who can show him how to accomplish these things. A good salesman gears all his selling efforts to show the good business man how the product he is selling will help the good business man achieve these goals.

*Read before the Midwinter Meeting of the Chicago Dental Society, February, 1948.

Our patients are all interested in restored or improved function, better appearance, increased comfort and good health. Good salesmanship in dentistry consists of explaining to our patients how our proposed restorations and services will accomplish these ends for them. We, as dentists, should be eager to accomplish these ends in our practices, for achievement in them has a twofold reward. First, more and better dentistry for more people. Second, a happier dentist.

Surely these aims are laudable and are devoid of even a tinge of high pressure tactics. As for me personally, I would feel as though I had done my patients a disservice if I failed to consider my services to them in this light and in selling them accordingly.

A patient usually comes to us for some small service, and we proceed to render the service asked for. The job is done, and the patient leaves. This is not salesmanship; it is merely peddling our services. If we were sales conscious, we would know from statistics and experience that where x-rays are not made, more than half of the needed work in that particular mouth is not discovered, and we would do something about it.

SALESMANSHIP

There is an old Chinese proverb which states that "A trip of one thousand miles starts with but a single step." The subject of salesmanship is comparatively a one-thousand mile trip; however, we can in the time allotted to us now take that first step—a brief consideration of some of the essentials and qualifications which, I hope, will stimulate you to a comprehensive study of the subject as it relates to our profession.

Character and calibre are two of these essentials, and they play an important part in salesmanship. The only real way to hold our patient's attention and interest and gain his confidence is to be a man of sufficiently high calibre to command the attention and interest of the patient and to be a man of such character as to compel his respect and admira-

tion. In other words, the way to increase one's selling ability is to increase one's calibre and strengthen one's character.

Curiously enough, only one of the qualifications essential to good salesmanship has to do directly with the goods or services to be sold; the others have to do with the salesman himself. He must be a keen analyst and close student of human nature, and his qualities must closely resemble those which mark successful men in general. The salesman, however, must possess to a higher degree than most men a pleasing personality and keen sympathy for others so that he can establish, in a short time, that confidence and esteem, the cultivation of which men in other walks may leave to time.

The idea that salesmen are born and not made is not true. To a greater or lesser degree we are all possessed of a "trading instinct." All of the necessary qualifications for good salesmanship can be acquired. While it is more difficult to acquire some than others, education, training, favorable environment and constant endeavor will enable most of us to root out negative qualities and develop strong positive ones to a satisfactory degree. Any list of qualifications for a salesman must of necessity be arbitrary. Here are a few important ones.

LIST OF QUALIFICATIONS

(1) Native Ability. Native ability makes one man mentally quick and sharp, while another may be mentally slow and dull. Native ability includes aptitude—the faculty of grasping facts quickly. It includes intuition—the quick perception of truth without conscious attention or reasoning. It includes initiative—the ability for original conception and independent action. It includes resourcefulness—that ability to be fertile in resources or expedients as needed by circumstances. It includes adaptability—the faculty of fitting oneself into changing environments and conditions.

Native ability is innate in all of us. It exists, however, in varying states of development. It can be greatly improved.

Aptitude is developed by study. Intuition is to some extent the result of meditation on the experiences of ourselves and others. Initiative, the ability to originate and plan, is dependent upon knowledge. Resourcefulness can be cultivated by an honest effort to faithfully cope with every situation in our experience. Adaptability can be developed by entering into changing environments and by associating with those from whom we can learn the art of adaptation.

Some men are more brilliant than others. Some, because of temperament or past experience, are better fitted for one occupation than for another. But the native ability of any man can be developed. The end results are limited only by the individual's ambition, work and application.

(2) Health. Our physical condition is an important factor in our mental attitude. This is especially true as regards optimism and cheerfulness. It is important, therefore, that we strive to maintain a strong, healthy body and mind by following a pattern of right living, right thinking, right breathing, right eating and right exercise.

Emerson says, "Physical exuberance, surcharge of arterial blood, a strong heart and bounding pulse—these are the bases of the powers that make men and nations great. In the last analysis, great human achievement rests on perfect physical health."

(3) Preparedness. Earlier in this essay you were told that of the essential qualifications necessary to good salesmanship only one was directly concerned with the goods or services to be sold. It is preparedness. This preparation must be twofold. First, a full and complete knowledge of the goods or services being sold. We, as dentists, are completely trained in the theory and practice of our profession. We meet this specific qualification fully. Second, the selling points must be sought out, studied and assembled for use. This is the essential that the profession as a whole has failed in miserably. We have given little or no attention to the presentation of our cases to our patients. Knowledge of goods and selling points

does not come by intuition or inspiration, but by study and application.

Some men give up in despair because they try to memorize a health talk. The memorized talk usually can be recognized. It is not impressive. Generally only one interruption is needed to break the memory chain, and the whole talk blows up. We feel embarrassed and ridiculed. It is far better to memorize the details in a definite and easily followed sequence. Then, by experience and observation you will learn to deliver a planned presentation. Being prepared is the secret of most success in this world—fate seldom sides with the unequipped.

(4) Ambition. That driving force which forces men to fight unceasingly to attain success. Some men wish for success. These are the ones who have their wishbone where their backbone should be. Some men will admit that they are ambitious, but few and far between are the men who will struggle without ceasing to satisfy their ambition. This kind of ambition is a prime requisite in any endeavor, including salesmanship. Ambition should be a whip which we use freely in driving us to achieve something worthwhile. Most men achieve little because they attempt little. On the other hand, the more one accomplishes, the more one becomes capable of accomplishing. A man to increase his capacity needs only to combine ambition with application.

(5) Application. The determination to carry things through. It includes capacity for hard work, stick-to-itiveness, persistence, energy. In any line of endeavor, the degree of application spells the difference between success and failure. A man of little intelligence and a high degree of application will be more of a success than a man of brilliant mind and low degree of application.

(6) Tact. A combination of wisdom and good judgment. It is the faculty of recognizing and doing what is required by circumstances. It is the outward expression of intuition. It is the factor that enables a man to deal with others without friction.

Some people are fortunate enough to be born with a highly developed degree

of tact. Most of us, however, must develop it.

Tact should be cultivated because it is as essential to success as is knowledge. As a matter of fact, without tact much knowledge goes for nothing. To develop tact one needs only to make it a habit to do or say something to all of the people he meets that will leave them feeling better for having met him.

(7) Concentration. John D. Rockefeller once said, "If you are in earnest to the innermost fiber of your body, there is no power that can hold you back from the object you strive to attain." This, in other words, is singleness of purpose. The sun's rays do not burn until brought to a focus—and to use the vernacular, we do not "get hot" until we concentrate on the job at hand. Concentration is an active ingredient of success.

(8) Honesty. It is still the best policy. As a business proposition, it pays a man to be honest—with himself, his personnel and his patients. It is both popular and profitable. An honest man gives his patients the benefits of his training and experience in making decisions. He will not knowingly oversell his patient. He will make no loose promises in order to secure a case. He does not fail to correct a misunderstanding for fear of losing a case. The man who sells and delivers honestly holds his patients. He is a "repeater."

(9) Optimism. It is that characteristic which inspires us with a feeling of cheerfulness and determination always to make the best of things. It teaches that effort alone can bring improvement, that progress and success come only through work. It is positive thinking in action.

(10) Imagination. Is creative thinking. All achievements must be pictured in the mind before they are realized. In order for us to successfully present our cases to our patients, we must be possessed of vivid imagination. We must be able to see the completed case in our mind's eye in order that we can paint a word picture for our patients. Therefore, we should cultivate our imagination.

(11) Education. Our thinking is

largely specialized, and we have the added disadvantage of our work's being confining. We are surrounded by the same four walls day in and day out. This is a narrowing influence. Education in its broadest sense means knowledge of natural forces, of human nature, and of things that are going on about us in the world, as well as the ability to interpret them. In proportion as we acquire and cultivate these qualifications do we broaden and increase our education. We meet and mix more easily with other people. We become better conversationalists, and our companionship is sought after.

(12) Enthusiasm. This past summer I saw Grand Coulee Dam, and as I looked at it, I marvelled at the abundant enthusiasm for completing the job that was necessary when the first bucket of concrete was poured. Before the job was finished enough more had to be placed to equal five times the volume of the Great Pyramid. Yes, all of the world's great achievements are born of enthusiasm. Without it, little of importance is accomplished. Only its direction needs be controlled to assure success. Enthusiasm is the force that grips the attention of your patient, that impresses him with your sincerity, that makes him forget inhibiting thoughts. It carries your presentation past all obstacles to a successful consummation. Enthusiasm is confidence in action. It is contagious. Be enthusiastic. It is a dividend payer.

(13) Confidence. Place a plank on the ground and ask one hundred men to walk over it. They will do so, feeling as secure as though they were walking on the ground. Raise the plank three feet off the ground and ask the same one hundred to walk over it. Some of them would feel insecure, and a few might not be able to walk along it without tottering. Now raise the plank to ten feet, and the percentage of failures increases. Place the plank across the roofs of two adjoining buildings, and perhaps not five out of the one hundred could be induced to walk across it.

In each of the above instances the same plank has been used. In each in-

stance the same physical actions are required to walk along the plank. What makes the difference in the percentage of failures? The answer is confidence. A salesman who has no confidence in himself will never be able to inspire confidence in his prospect. This is of greater force in our profession because we render a personal service.

We see this force in action in selling our cases. Many of us have abundant confidence when we sell small cases, but are uneasy when it comes to selling a large case. Yet the same technique applies in both cases. Confidence is intelligent faith based on facts. Confidence believes it can—and then does.

(14) **Personality.** Is a compound of attitudes that makes the presence of one man welcome and the presence of another unwelcome. Personality characterizes us as individuals and distinguishes us from others, not by stature or features, but by our expressions, manners and actions. We are not born with a personality, neither is it a fixed characteristic, for it is the sum total of our mentality, education, experience and habits of thought. These factors are ever changing in proportion to our efforts to improve them. Personality includes such qualities as appearance, attitude, poise, posture, sincerity, speech habits, voice and sympathy. The essential part of personality is the attitude we have toward people, toward things and toward ourselves. Personality stems from the heart rather than from the head. It is an important success factor.

(15) **Courage.** Is will power in action. It is the force that drives us to do the things that are right even though the task is hard or disagreeable. It requires courage to "stay in and pitch" when things are difficult. It takes courage to drive oneself to capacity. Want of courage is fear—and fear is the dentist's greatest obstacle to successful practice management.

Courage is contagious, and to approach a patient apologetically, to show even the slightest doubt that what is being offered is not the best in the world

for him, is the quickest way to lose a sale.

THE SOLAR PLEXUS

At the beginning of this essay you were told that your third vest button presides over the seat of your courage. So now let us see how and why. Your third vest button is centered over your solar plexus. We learned in anatomy that this was the largest plexus of sympathetic nerves in the body. When our courage fails us and fear takes over, we experience a hollow, all-gone feeling in this area. Some people refer to it as a feeling of butterflies in the stomach. If it is of sufficient intensity, we begin to bend over into a fast running position. Our power of courage is replaced by the power of locomotion, and we "take off." Hence the old saw—"to run like a scared rabbit." We have all had excellent experiences of this sensation in our youth, and some of us in later life as well. Many of us have a touch of it when we sell our cases.

We also learned in our study of anatomy that in close association with this solar plexus area is located an organ—twenty-seven feet in length—called the small intestine.

Courage is sometimes politely referred to as "intestinal fortitude" but more often, in the vernacular, as "guts."

To control your courage, keep your third vest button way out in front. That carries your seat of courage high and prevents that fatal running position. Then your third vest button becomes a talisman to remind you that your courage is your will power in action.

We see the need for courage in presenting our cases to our patients, in determining fees fairly, in granting the credit privilege soundly, in collecting accounts, in refusing to work for undesirable patients, in our general office routine and at times in doing the right thing. Yes, courage is the first requisite to self-respect and success in all endeavor.

If we wish to sell our services to our patients, we must first sell ourselves. Our poise, evident culture, well-modulated voice, thoughtful and courteous manner and well-groomed appearance should be such as to excite the admiration of our patients. Such an attitude establishes our dealings with our patients upon warm friendship rather than cold service.

All successful selling is built upon appeal. There are two distinct ways of appeal open to us to obtain a favorable decision from our patient. One is by the use of pure logic and sound argument in which we appeal to our patient's reason—to his intellect. The second way is by employing positive suggestions and vivid word pictures to appeal to our patient's imagination—to his emotions.

At first thought we are likely to conclude that appealing to one's reason would be the surest method of influencing intelligent people. Our experience and observation, however, will show that the vast majority of us seldom arrive at decisions by employing our reasoning process alone. Most of us are ruled by our emotions, and it is well that we are, for to rely on logic and reasoning alone makes us cold and austere.

Logic and reason are the tools of the professional buyer. In some lines, such as machinery and scientific instruments, where the ability of the goods to do the work for which they were designed and to do it well must be demonstrated, logic and reason take precedence. While the appeal to the emotions, generally speaking, is stronger, we should all be thoroughly equipped with all the facts possible that appeal to logic and reason. The best sales presentation, as a rule, results from the skillful combining of intellectual and emotional appeals.

THE EMOTIONAL APPEAL

We see the preponderance of emotional appeal in practically all selling campaigns. In the sale of an automobile, for instance, the good salesman spends little time on the mechanical features

of the car. He appeals to your pride by pointing out the beauty of the car. He appeals to your vanity by mentioning the big-car look of the high-priced car. He appeals to your comfort by mentioning easy riding, etc. Practically all of the advertising slogans you see are an appeal to some emotion. One of the best examples is the appeal to the emotion of patriotism by the use of slogans in national crises, when men are sold on the idea of giving their very lives. For instance—

"England expects every man to do his duty."

"Don't give up the ship."

"Remember the Alamo."

"Remember the Maine," etc.

The imaginative or emotional appeal derives its potency from the "you angle." It constructs a mental image with the prospect or patient as the central figure.

Down through the ages we find imagination to have been the stimulus to great achievement in invention, scientific discovery and history.

We accomplish the imaginative or emotional appeal by positive suggestion. For instance, a person sitting in a street car or in an audience yawns. Presently an observer is yawning too, and it will continue on and on, as long as it is observed. It would not surprise me if my mentioning the subject of yawning in this talk does not, through the power of positive suggestion, start a chain of it in this audience right now.

Have you noticed in a theater, one person coughs several times, and soon you hear it coming from all parts of the house? Again we have positive suggestion.

Make a test yourself—when you get out on the street, pick out a conspicuous spot and just stand and intently look upward. Soon you will cause most everyone who sees you to do the same. Do it long enough, and you will have a curious crowd gathered around you, gazing intently upward.

How do we use this? Well, a happy mood with a cheerful, smiling counte-

nance maintained in the presence of a grouchy, crabbed patient will eventually suggest cheerfulness and a happy mood to the patient. Before long you will get a responsive smile through the power of positive suggestion. Your smile must, however, not stop at your teeth. It must extend down to your heart. How you put your questions suggests the answer, for instance—

"Regular dental care is a health service. Don't you think so?" This is a positive suggestion and will often bring an affirmative answer.

"Do you think regular dental care is a health service?" This is a neutral suggestion and may bring either an affirmative or negative answer.

"You don't think regular dental care is a health service, do you?" This is a negative suggestion and more often than not will bring a negative answer.

It is plain to see from what has been said how important is the power of positive suggestion. Present your cases with this thought in mind and notice the improvement in results. It is also well to remember that you won't get very far selling your services by making negative remarks about the services offered by the chap down the street.

Leonardo da Vinci, a famous Italian artist, stated many years ago—"The eye giveth to man a more perfect knowledge than doth the ear. That which is seen is more authentic than that which is heard." Seventy-five per cent of all the knowledge we humans acquire through life comes through the eyes—only ten per cent through our ears. The balance comes through the remaining senses.

From these facts we can readily understand that any sales effort directed only to the buyer's sense of hearing is considerably weaker than if any one or all of the other senses are appealed to.

Equipped with this knowledge, it becomes self-evident that a favorable reaction to the presentation of our cases to our patients will be accomplished more quickly and with greater comprehension when our appeal is directed through the sense of sight.

DEMONSTRATING MODELS

To do this it is necessary that we equip ourselves with as complete a set of demonstrating models as possible. We cannot have too many. Construct upon these models the various types of restorations that you use and recommend in your practice.

In using these demonstrating models, be sure to get them into the hands of your patient as soon as possible, for when you do, you begin to appeal to your patient through two additional senses—sight and touch. You have tripled the force of your presentation.

You can further increase the force of your presentation by bringing into play the "you angle" mentioned earlier in our talk. This is accomplished by the construction of study models of the patient's mouth upon which we show by illustrating with silver and gold bronzes and colored paint our recommendations for the case.

For the intangible phases of our work we should use charts and drawings that we rapidly sketch in the presence of the patient. Our diagnostic or work sheet should be made out illustrating, so far as possible, the work we propose to do. A complete set of radiographs helps to personalize the case and is a great aid in the presentation. Again, this is the "you angle" mentioned previously—a potential selling factor in any presentation. Included in your presentation kit should be a good hand-mirror, preferably one that is plain on one side and magnifying on the other. Have the patient use it freely.

The more you can get your patient to enter into the process, the greater and faster will be your progress. There is also the added advantage of the patient actually helping to sell himself. For example—in showing the need for stress-breakers, demonstrate the functioning of the teeth by having your patient touch his teeth together lightly—then apply pressure and feel them give. Illustrate this action or visualize it by gripping the finger of one hand in the palm of

the other and moving the finger up and down in a pumping motion to show how the tooth rides in its socket.

Show them what this function means by compressing a spot on the palm of your hand with a finger of the other hand. Tell them to watch the color change in the tissue when you remove your finger. Explain that the pressure pushes the blood out of the tissues, and release of the pressure allows it to rush back. Tell them this is what occurs in the periodontal membrane every time we apply pressure to our teeth. Tell them that is exercise—which it is.

Use all of your patient's senses that you can in presenting your story. Keep your demonstrating case as you do your instruments, so that you can say to your patient, "The sample is sterile. Put it in your mouth and taste it. See for yourself that it is free of any metallic or objectionable taste. Smell of it, Mr. or Mrs. Patient; it is odorless."

There are many ideas that will occur to you, and the game becomes very fascinating once your interest is aroused and results begin to show.

Getting the demonstrating model into the hands of the patient concentrates his attention, and whatever words you do use carry greater force because of this concentration. Then, too, the patient, in the "twinkling of an eye," will see more about the case than you could tell him with words alone in thirty minutes.

Models are a help to you, personally, as an aid to your presentation in that they serve to keep your talk organized and presented in logical sequence. All you need to do is recognize the interest points and talk about them in sequence. The superiority of this method over a so-called "canned" sales talk should be apparent to all.

In using this stratagem of aiming your presentation at all the senses rather than just the one of hearing, you will find that your patient gains confidence in you and your ability and that price becomes much less of a factor in the transaction.

As you become skilled in this method,

it serves to stimulate your enthusiasm to the point where it spills over to your patient, which is another advantage in successful case presentation.

Approach your patient with a statement or question that arouses curiosity. Present your services from the standpoint of the benefit to the patient.

Place a sample, model or illustration pertinent to the product or service recommended in the hands of the patient so he can sell himself.

Remember that everyone has both a buying desire and a buying power. What you do and say and how you do and say it may influence that buying desire, but you have no influence over that buying power.

Make estimates of at least two different ways the work can be done and let the patient choose. In this way buying desire and buying power may be reconciled.

Don't rush into cases. At the first appointment relieve any distress, if present, and sell complete diagnostic service.

Allow sufficient time between the first and second appointments to get both credit and financial ratings.

Don't sell on credit to anyone whose potential credit is exhausted.

Don't sell gold restorations to amalgam incomes—it builds collection hazards.

Don't sell Fords to Rolls-Royce incomes—it may injure their ego.

CONCLUSION

In conclusion, remember that the distinguishing characteristic of a real salesman is that he creates business. On the other hand, the distinguishing mark of a peddler is that he creates nothing. He takes what is handed to him because he knows he is incapable of selling his services. Usually he gets out his little knife and starts cutting prices. The real salesman makes business. He never has to cut fees to sell his services. He is not concerned with the peddler, who is quite frequently on the C.O.D. list and ready

(Continued on page 26)

NEWS OF THE BRANCHES

WEST SIDE

Our meeting Tuesday evening, March 8, was one of the big events of the year. We started at 6 o'clock with our pre-dinner speaker, Dr. Otto W. Silberhorn, giving his fifth lecture of the series on crown and bridge construction. He showed us a very interesting motion picture on porcelain jacket crown construction from the beginning of the preparation of the tooth to cementing the completed crown in the patient's mouth. At 7 o'clock we were served a very delicious dinner. Thanks to our dinner chairman, Victor Hegstom, for having so much influence with the chef. Immediately after dinner, Miss Jean B. Hurst was presented by our genial program chairman, Walter Kelly, as the main speaker of the evening. Miss Hurst's subject was "Some Problems in Voice and Speech Disorders." Her talk was very interesting and enlightening. She proved her ability in speech correction by having two of her former students present; each gave a short talk on how they were aided by her. We all thank these fine people for spending this evening with us. Our president, Sam Kleiman, and we, the members, congratulate the men who were elected as our officers for the ensuing year. Those elected were: A. J. Sells, president; Max M. Chubin, vice-president; Adolph F. Stark, secretary; F. S. Kozlowski, treasurer; Thomas L. De Vito, librarian; and Joshua S. Vision, West Side Branch director. Now that the election is over we should all put forth every effort to make this a big year for dentistry in general and for the West Side Branch in particular. . . . Andrew Nielsen and Jack Ehrlich are in Florida for a three-week vacation. . . . Adolph Stark is going on a post-election cruise to Guatemala and Havana for conferences and a good rest. . . . G. P. Downing has just finished a refresher

course of a general nature prior to returning to general practice. . . . Since H. M. Lancaster has his son, Bill, as his associate, he is busy planning fishing expeditions. . . . J. W. Goldstein spent the month of January in Florida, enjoying a southern winter. . . . M. S. Gordon plans on going to Louisville, Kentucky, very soon. . . . S. L. Bianco had a nice winter vacation in Phoenix for several weeks during February. . . . J. F. Sanders is just coasting along waiting for spring weather so that he can try for the early worm. . . . William Frese was married February 19. He and his bride spent their honeymoon in Florida. Best wishes and happy sailing to both of you. . . . Claude Grizzell is anticipating a trip to Mexico as soon as the weather breaks. . . . The stork visited the home of Edward J. and Mrs. Chmiel on February 26 and left a big bouncing boy. The mother is fine and it is thought that the father will recover all right. . . . George Vögt reports that Sam Rakow and John Reilly are both hospital patients at this writing. Best wishes and a speedy recovery, boys. . . . We extend our heartfelt sympathy to Mrs. Cruise on the loss of her husband, Joseph P. Cruise. He was a well-known West Side dentist. . . . Please telephone SEeley 3-7447 and report any news items.—Irvin C. Miller, Branch Correspondent.

ENGLEWOOD

The Illinois Dental Journal reports visitors to the Chicago Midwinter Meeting from several foreign countries, including Tel Aviv, New Zealand and California—and I saw Harold Wimp in from Monmouth, Illinois. . . . Stopped to talk with Tom McCarthy for a minute recently; stayed over an hour, with him doing most of the talking. He is feeling better now and may have visitors. . . .

Englewood welcomes Joe Kuschell into a new office at 7856 South Ashland. Good luck! . . . Been listening to Mel Meilach, who flew to Mexico City and on to Guatemala to visit a fellow orthodontist. . . . Sorry to note the passing of Roy Dallager and of Selby Finn, my friends of 25 years. We of Englewood extend our sympathies to the families of these fine fellow practitioners. . . . Gerry Hooper has made an interesting continuity of his movies and now is often in demand as a travelogue narrator. He is good! . . . Oh, well, send news items to J. J. Dziubak, 4631 South Ashland, YArds 7-1431, for the next issue.—*Webster Byrne, Assistant Branch Correspondent.*

NORTH SIDE

Something new and different has been added for the April 6 North Side meeting. The meeting will start at 3 o'clock, Wednesday afternoon, April 6, and will be a lecture clinic. The program will open auspiciously with Dr. Henry Glupker's colored movies on "The Rehabilitation of the Edentulous Patient," which was successfully shown at the recent Midwinter Meeting and received with much acclaim. Immediately after this lecture, Dr. B. Placek will give his vitally interesting presentation of a new approach to inlay technique. Then dinner will be served and, according to rumors from Bill Cupis, no mutton. Following dinner, Harold Hillenbrand, the American Dental Association secretary and our good-will ambassador in Washington, will speak on the timely topic "Dentistry and Legislation." . . . The Clyde Wests celebrated their twenty-fifth wedding anniversary on Sunday, February 13, at the Joyce Memorial Methodist Church. About 200 friends came to honor this fine couple with their best wishes, and so do all the Northsiders. . . . Bernard and Mrs. Blomgren left Sunday for Fort Myers, Florida, for a month's vacation. . . . Bob and Mrs.

Heurlin are leaving for Bradenton, Florida for two weeks. . . . R. W. Lee recently returned from an extensive tour of Central America, having been invited by the Mexico City and Guatemala Dental Colleges, where he showed his colored oral surgery movies. . . . Al Erickson has just completed installation of all new dental equipment in his office. . . . Fred Snider returned from Florida where he was recuperating from a recent nasal operation. . . . C. A. Anderson retired to his Sycamore, Illinois, home and J. W. Smithe will now take over his north side office. . . . Another newcomer, B. D. Katz on Bryn Mawr Avenue, has been cordially received by his fellow dentists in the community. . . . Stan Goldberg has just moved into his new house and has been kept plenty busy. He intends to start working on his scale model railroad and hopes to have it in operation within a year. . . . Syd Lipsky just returned from a five-week trip in the Catalina foothills in Tucson, Arizona. H. C. Hutchinson will spend a week in April checking up on Louis Bromfield's Malabar Farm and Truman's new front porch. . . . Clarence Heamon has some urgent resting to do in the Smokies. . . . D. C. Potter is leaving for Sanford, Florida. . . . Al DeRiemer is back at work in his office following a very serious operation. . . . Art Blim is convalescing at Sacred Heart Sanatorium in Milwaukee. . . . Manley Elliott is off to New York for a few weeks. I hope he will be our guest correspondent soon. . . . The league at the Bowling Lanes is going strong. Max Fischer, Bell Bush, Marvin Ericson, and Harry Glass are the leaders. . . . Marv Ericson of the Fin and Faun Club will leave for Michigan to restock his deep freeze. . . . Harry Glass has installed all new equipment in his office and would like to have all his neighbors see it. . . . Orville Bush is leaving soon for Delray Beach, Florida. . . . Our next guest correspondent will be Paul Brown, the north side specialist in dentistry for children. Kindly contact him with news at SHeldrake 3-1643.—*F. A. Napolilli, Branch Correspondent.*

NORTHWEST SIDE

Sorry we missed the last issue but the lack of news and the illness of your correspondent's wife made it impossible to get a column together. We hope to do better in the future, but it still requires the cooperation of the membership to obtain enough news items to make the column worthwhile. . . . Ed Colln, our assistant branch correspondent, attended the last meeting and reported that the Home Talent Night was a huge success with a large attendance eagerly picking up bits of information at the various table clinics. Among the branch members who gave clinics were Ed Friedrich, Immediate Dentures; Sam Goodfriend, Periodontoclasia; Viggo Sorenson, Oral Surgery; Clayton Crane, Tooth Positioning; Irv Neer, Indirect Bridges; Fred Ahlers, Impressions; Abe Tamarin, Simple Duplication of Original Tooth in Gold Crown Casting; Tommy Wright, Difficulties Encountered in Everyday Extractions. . . . Ed Kokot was injured while acting as a line judge at an ice skating meet at St. Paul recently. Hope you're now on the mend. . . . Henry Boris and Dan Klein reported by post card that the Minneapolis convention was a huge success with over three hundred table clinics being given. . . . Among those who are wintering in Miami is Bill Walters who spent a couple of weeks there soaking up the sun. . . . The clinic given at our last meeting by Abe Tamarin was recently written up in the Dental Digest. . . . Start making plans now for our Annual Ladies' Night which will be held in May. This affair is always a gala event and gives us a chance to make-up to the ladies for all those meetings we attend without them during the year. . . . The next meeting will be held on April 12 at Stella's Restaurant. Gerson Gould, the program chairman, has been working on the presentation of a movie program which will cover a variety of subjects of interest to all, relative to improving your everyday office practice. The annual election of officers will also be held at this meeting

so be sure to come out. . . . At our last meeting, Joe Zielinski, the Heart Association chairman for the branch, made a plea for donations to this very worthy cause. Those of you who haven't made your contribution, kindly do so as soon as possible. . . . The following slate of officers was presented by the Nominating Committee: Irv Neer, President-Elect; Joe Ullis, Vice-President; Gerson Gould, Secretary; John Gates, Treasurer; Toby Weinshenker, Branch Board of Directors; Thad Olechowski, Branch Director to the Chicago Dental Society. LaMar Harris also presented the name of Fred Ahlers as Branch Director to the Chicago Dental Society as a minority report of the Nominating Committee. Henry Boris and Cas Rogalski are the two other Branch Board of Directors who still remain in office. Pete Wlodkowski, our new President, will be installed at the Annual Ladies' Night in May. . . . Norm Kirschner is trying his luck at cold weather fishing up North. . . . That's all for now. —*Toby Weinshenker, Branch Correspondent.*

NORTH SUBURBAN

Of special interest to all of us is Merrill Weissmiller's announcement of the arrival of Thomas Jay. We should like to offer our most sincere congratulations and doff our favorite pearl grey homburg. . . . Fellow travelers of the late winter season include Bill Murray to Phoenix, Arizona; Randy Wescott to Texas and Mexico; Corvin Stine to Florida, and Francis Yager ditto. The latter was a guest on one of those ultra-exclusive yachts that appear on the covers of fifty-cent magazines. . . . Bill Mayer rates at least a paragraph on his recent trip to Florida. We were part of an intimate group who listened, enchanted, to his account of his sojourn of four fortnights or so, during which he learned to pull weeds, swim in cold water, and/or relax. Sounds more like a sentence of extra duty to an ex-serviceman. . . . Vic Fetting, also in Florida, fell

or was pushed off a ladder and broke his knee. This necessitated casting the knee and returning Vic to Chicago for specialist consultation. At last report he was lodged at St. Anne's Hospital. We hope our visitation committee has been alerted. . . . Another convalescent is Leo Tasto, who went a couple of fast rounds with abdominal surgery and is recovering by brushing up on his golf—we trust his recovery shots are better than ours. . . . Before we close we should like to suggest you watch the cover of the Sunday Tribune Graphic section. . . . It's just possible, we learn, that Art Gilbert might make the cover with an oil or watercolor. . . . With this we say good-bye for now to our six readers and we'll try harder next time. . . . This rag goes in the same mail as our income tax return and both make us sad.—*G. A. MacLean, Branch Correspondent.*

WEST SUBURBAN

The attendance at our last Round Table meeting on March 7 was very gratifying. Even Joe Komarek and F. G. Robeson are getting into the habit. Those of you who stayed away missed some mighty important scientific information. We will welcome all and suggest that you avail yourselves of the many features that are yours by attendance at these meetings. Our April 4 meeting of the Round Table at the Oak Park Club at 12 noon will be equally important. Thomas P. Nichols, D.S.C., D.O., of Oak Park will discuss the subject "How Much Are Your Feet Contributing to Your Bad Posture and Fatigue?" The discussion will include demonstrations of posture defects and how you may correct them. Dr. Nichols has lectured at many meetings throughout the State. . . . At our regular monthly Branch meeting on April 5, the following members will be installed into office: H. P. Westaby, president; W. O. Vopata, president-elect; C. A. Hanson, vice-president; E. P. Hudec, secretary; J. M. Lestina, treasurer; B. J. Siegrist, West Suburban Branch director; Ru-

dolph Hinrichs, librarian. . . . We have word that John Ott's new house is just being finished in time for summer week-ends on Mill Lake, 20 miles northwest of Kalamazoo, Michigan. . . . Fred Hawkins is getting ready to shove off for his summer week-end hideout on Michiana Shores. . . . Larry Koch and wife have been touring the States for five weeks and are now well into Mexico. . . . W. O. Fellman has just returned from a Florida vacation.—*R. F. Sirimarco, Assistant Branch Correspondent.*

KENWOOD-HYDE PARK

The April meeting with Dr. George Teuscher as essayist, will be devoted to children's dentistry. Dr. Teuscher is head of the Children's Dentistry Department at Northwestern University Dental School, and is an outstanding essayist. I am sure he will be of great help in meeting many of the problems which arise in the care of children. Elmer Goldthorp has arranged an excellent array of clinicians, which will include Phillip Suess, Gerard Casey, Harold Stackler, Robert Kreiner and Stanley Korf. They, too, will have much to offer in practical help. Mark off that date now, Tuesday, April 5, at 7:00 p.m. for dinner at the Sherry Hotel, 53rd and the Lake. Scientific meeting, 8:00 p.m. There also will be election of officers for Kenwood-Hyde Park. . . . Our March meeting proved to be a bell ringer, and our sincere thanks to Walter Nock and his Cooley Study Club for a wonderful presentation on Periodontia and Economics. The evening wasn't long enough, so we hope that they will be back again next year. Fifty-five men sat down to an excellent dinner, and about 100 were in attendance at the scientific meeting. The Program Chairman, Wayne Fisher, Clinic Chairman Elmer Goldthorp and Dinner Chairman Stan Wrobel, deserve a big hand for a swell job. The new bridegroom, Ken Johnson, was on the job, too, which is doing pretty well. Ed Marshall and H. H. Hubbard were on hand, and it was nice to see

(Continued on page 28)

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Neil A. Kingston	1950
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The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Eugene M. Stearns, 636 Church St., Evanston. Anonymous communications or telephone calls will receive no consideration.

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For Sale: Modern bungalow office. Equipment and separate five-room house; by widow. Excellent location. East Wilmette. Telephone Wilmette 1625.

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For Sale: Like new cream white Ritter equipment, pump chair, Trident unit, American cabinet, Castle sterilizer, Pelton light. Reason for selling, closing one office. Telephone PALisade 5-3137.

For Sale or Rent: Fully equipped dental office, including business office, operating room and laboratory. Share reception room with physician. Equipped with Ritter tri-dent unit, American cabinet, etc. All in excellent condition. Reasonable. Nominal rental. Vicinity of Devon and Western Avenue. Telephone SHeldrake 3-4757.

For Sale: Dental office, fully equipped. Excellent location in Riverside Bank Building. Practice of thirty years standing. Must sacrifice because of death. Address C-5, The Fortnightly Review of the Chicago Dental Society.

For Sale: Fully equipped Loop dental office, including operating room, large laboratory and business office; share reception room with busy physician. Nominal rental. Telephone DEarborn 2-2721.

For Sale: Dental practice, established 26 years, and fully equipped office located at 1525 East 53rd Street. Excellent opportunity. Telephone BUTterfield 8-1100, extension 1104, evenings.

For Sale: Well established dental office in south side professional building. Completely furnished with modern equipment. Excellent opportunity. Address C-8, The Fortnightly Review of the Chicago Dental Society.

For Sale: One Ritter latest model K chair, being completely refinished, \$475.00. One Ritter Columbia chair, recently refinished, \$250.00. Telephone PEnsacola 6-2120.

For Sale: General Electric x-ray, wall type, mahogany finish. Used very little. In perfect mechanical condition. \$450.00. Telephone UPTown 8-3166 between 9:00 and 5:00.

For Sale: Dental office, fully equipped, including x-ray. Very reasonable. Located in Medical Dental building in Dundee, Illinois. Retiring. Telephone Dundee 411, excepting Wednesdays.

FOR RENT

For Rent: In 185 North Wabash Avenue Building, completely equipped modern dental office and laboratory. Large reception room; switchboard service. Available 2 or 3 days a week. Address C-4, The Fortnightly Review of the Chicago Dental Society.

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For Rent: Loop dental office, part time. Office completely equipped, including x-ray and laboratory. Telephone DORchester 3-8901 Monday, Wednesday, Friday or Saturday.

For Rent: Ideal location for dental office. 1615 North Pulaski Road. For information telephone EAStgate 7-3143.

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Wanted: Young dentist in office suite of two physicians. Unusual opportunity. Chicago. Local population of 10,000 with no dentist. Telephone EStebrook 8-7593.

Wanted: Young dentist desires part time association or employment with ethical dentist. Telephone COLUMbus 1-5966.

Wanted: Young ethical veteran dentist wishes to purchase active dental practice. Prefers to be near or in Chicago. Will consider northern Illinois. Address C-6, The Fortnightly Review of the Chicago Dental Society.

Wanted: Northwestern graduate desires to purchase Loop dental office and good will. Address C-7, The Fortnightly Review of the Chicago Dental Society.

MISCELLANEOUS

Anesthetic Service: Nitrous Oxide-Oxygen administered by appointment in your office. Machine and gas furnished if necessary. Telephone Julia Baines, R.N., ANDover 3-3390 or Des Plaines 1096.

WHAT NOW?

(Continued from page 6)

Note: The last person who guesses my identity will be given a Prussian castle, an ocean going vessel of the Queen Elizabeth class, two Rolls Royces, a fleet of Cadillacs, a million dollar Savings Bond, a 2,000 acre farm with 5,000 head of blooded stock, one half interest in Yellowstone Park, and an all expense trip to the moon on the first rocket ship. The decision of the judges will not even be considered as final.



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NEWS AND ANNOUNCEMENTS

(Continued from page 7)

be commercial and scientific exhibits on display throughout the entire meeting.

A novel feature of this year's meeting will be at the banquet, traditionally held on Monday night. In the past this has been a stag affair, featuring classes by tables. This year there will be class tables as always, and alumni who are alone will be as welcome as ever; the wives and sweethearts of the alumni will be guests of honor and there will be dancing following the banquet and program. The Walnut Room of the Bismarck Hotel has been secured for the banquet. In addition to the ladies, the Classes of 1899, 1904, 1914, and 1924 will be honored.

MEETING OF ILLINOIS SOCIETY OF DENTISTRY FOR CHILDREN

The next meeting of the Illinois Society of Dentistry for Children will be held Thursday, April 7, at 7:00 p.m. in the conference room of the Pittsfield Building. The subject will be "Space Maintenance," by Dr. William St. John

and Dr. Gordon Rovelstad. All members of the Chicago Dental Society are invited.

(Continued on page 26)

LETTERS

(Continued from page 9)

nized by a growing number of state boards and accepted by them in lieu of the written examination; however, the state boards still require the practical examination and justly so, as a means of testing the capability of the applicant. But any older practitioner, who cannot meet the requirements of such practical examination, would not be a desirable acquisition in any new state. There should be ample new pastures in the state that has already licensed him.

Let us all keep in mind that dental laws were NOT enacted to protect the dental profession but to protect the people and that dentists do not make these laws; but we submit to such regulations pro bono publico.

Respectfully submitted,

Robert R. Gillis, D.D.S.

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NORTHWESTERN ALUMNI FUND

The alumni of Northwestern University Dental School will attempt to raise the sum of \$165,000 during the next three years for the purpose of providing new equipment for teaching and research. The University will celebrate its centennial in 1951 and the alumni hope to complete their project by that time.

RESERVE ACTIVITIES

Army Reservists, who wish to participate in fifteen days' summer field training this year with the Illinois National Guard, may apply for such temporary active duty at the nearest Armory prior to March 10. The 1949 training will be conducted at Camp McCoy, near Sparta, Wisconsin. The planned activities will consist of first year field exercises, with a well-planned program of athletics and recreation under the new three-year training plan. Chicago units will train from July 23 to August 6, inclusive, with additional vacancies existing from August 13 to August 27, 1949.

The 1949 celebration of Army Day has been set tentatively for April 2 in the Chicago area. Credit will be granted reservists for participation in the ceremonies.

The next medical reserve dinner meeting and dance will be held March 30, 1949, in the Casino Room of the Congress Hotel. Tickets are available at the Medical Section, Room 511, 226 West Jackson Boulevard. Tickets are \$5.00 per person. Reserve attendance will be granted.

THE "THIRD VEST BUTTON"

(Continued from page 17)

to deliver an inferior service for a few dollars less. The real salesman fixes his patient's mind on the benefit he will derive from the service to be rendered, making the price he pays for the service no longer of prime consideration.

Concentrate on satisfying your patient, not on what the fellow down the street or across the hall is doing.

Whether it be a tangible product or intangible service—there is a way to sell it and a way to peddle it. The men who create business in any line come off the winners. The peddlers must be satisfied with the leavings. While it may be harsh, it is nevertheless as definite and true as the law of the jungle—Kill-or-be-killed.

The Good Book tells us that time and chance happeneth to all (Ecc. 9:11). So, some few there are who reach the top because of luck or fate. But largely, the men who succeed outstandingly have worked hard. Work and diligence in acquiring necessary knowledge, rather than special talents, have been the ladder used in scaling the heights.

Remember your third vest button and keep it way out in front.



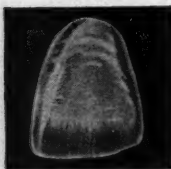
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AGENTS FOR THE DISABILITY AND HOSPITAL PLANS OF THE CHICAGO DENTAL SOCIETY

NEWS OF THE BRANCHES

(Continued from page 21)

these two faithful members. Isamu Tashiro was back after a two-month vacation to Hawaii and the West Coast. He had a wonderful time. . . . It is with a great deal of regret that we report the passing of two of our members. Niel Rogers, who had dinner with us last meeting, passed away on Tuesday morning, March 8, and Roy Dallager passed away on Saturday, March 12. To the families and loved ones of both, we extend the heart-felt sympathy of all of us, and wish that the kind thoughts of friends will bring them comfort in their hour of great loss. . . . Walt Scanlan is sunning himself with Mrs. Scanlan in

Florida, and Roy Eberle can't leave the place. Have a nice time, boys. . . . Les Boyd appeared before the St. Clair District Dental Society where he presented a paper on full dentures. . . . A. M. Bressler, Mayor of Palos Park, who spent a couple of days in the hospital, is again on the mend. . . . All the boys at the Kenwood Bank Building are having their blood pressures checked, and from all reports are in pretty good shape. . . . Don't forget to read all your Dental Society publications for news on socialized medicine legislation. Do your part in fighting this program, for it will definitely affect your life work. . . . For dinner reservations telephone Stan Wrobel at PLaza 2-6020. . . . Any news telephone me, SOuth Chicago 8-1823.—*Elmer Ebert, Branch Correspondent.*

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